



# Complaint Submission Form

Date of Submission: \_\_\_\_\_ Submitted Via:  Email  US Mail  Fax  In Person

**PERSON FILING COMPLAINT:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**PERSON(S)/BUSINESS FILING COMPLAINT AGAINST:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**INCIDENT DESCRIPTION:** please provide a concise statement of facts, including pertinent dates, times, locations, people and acts involved constituting the alleged discriminatory practice. *(attach additional page(s) as needed)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR BOROUGH USE ONLY**

Date Complaint Received

Date Forwarded to Commission

Staff Signature

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_